| | NONTEREL | Xochitl Marina Camacho |
|--|--|--|
| -263-в-R02-0810-27000270-1 E-263-В (Р1) REV. 02 (08-10) LESSEES' EXEMPTION CLAIM | | Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 |
| Declaration of property information as of 12:01 a.m., January 1, 20 | Post and and | Phone: (831) 755-5035 Fax: (831) 755-5435 |
| PROPERTY USED EXCLUSIVELY FOR PUBLIC | 1850 | assessor@co.monterey.ca.us |
| SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | | |
| | Г | |
| | | |
| | 1 | To receive the full exemption, this claim must |
| | | be filed with the Assessor by February 15. |
| IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME | | |
| | | |
| MAILING ADDRESS | | NA |
| CITY, STATE, ZIP CODE | | |
| CORPORATE ID (IF ANY) | | |
| | | |
| | | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | | |
| CITY, COUNTY, ZIP CODE | | ASSESSOR'S PARCEL NUMBER |
| USE OF PROPERTY Check and state the primary and ir | ncidental qualifying uses of | the property. |
| The exemption claim is made for the following property: (if the prop | ere are numerous propertie erty and the name and add | |
| PROPERTY TYPE | PRIMARY USE | INCIDENTAL USE |
| | | |
| Buildings and Improvements | | |
| Personal Property | | |
| Yes No Does the lease/agreement confer upon the le | ssee the exclusive right to | possession and use of the property? |
| Yes No Is the claimant a lessee or operator of real or state university, or University of California tha University of California purposes? | personal property owned b t is used exclusively for col | by a public school, community college, state college, mmunity college, state college, state university, or |
| Note: If requested by the assessor, the claimant shall provide | a copy of the lease or agre | ement. |
| | CERTIFICATION | |
| I certify (or declare) under penalty of perjury under the laws of accompanying statements or documents | | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE |

| SIGNATURE OF PERSON MARING CEAN | DATE |
|---------------------------------|-------------------|
| | |
| NAME OF PERSON MAKING CLAIM | TITLE |
| | |
| E-MAIL ADDRESS | DAYTIME TELEPHONE |
| | () |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

